PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application	Ap	plication Number	10/584,229
	S Fil	ing Date	June 23, 2006
		st Named Inventor	Jan Anders Linnenkohl
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Ar	t Unit	
	Ex	aminer Name	
	At	torney Docket Number	QU01H10/P-W03/US (22589-15US)
Please change the Correspondence Address for the above-identified patent application to:			
The address associated with Customer Number:			
OR			
Firm or Individual Name			
Address			
City State Zip			
City		State	Zip
Country			
		Email	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).			
I am the:			
Applicant/Inventor			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
Attorney or agent of record. Registration Number 34,730			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature Dean Small			
Typed or Printed Dean D. Small			
Date June 24, 2008 Telephone 314-584-4080			

This collection of information is required by 37 CFR 1.33. The information is required to obtain or right in shreeft by the public whech in is the part by the UEPTO to process) en application. Comfidentisting is governed by 93 U.S. and 97 CFR 1.130 is 48. This condection is estimated to take 3 minutes to complete to process and the process of the pr

NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

____forms are submitted.

*Total of 1